

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BAYSHORE PINES OCONTO NORTH (0009726)
Address: 427 PECOR STREET, OCONTO, WI 54153
License Status: REGULAR
Licensed/Certified/Registered 04/01/2003
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096471 **End Date:** 02/01/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009514 Served 03/08/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD		
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		
83.20(2)(b)1	INITIATED BY CBRF-30 DAY NOTICE		
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		

Survey ID: 0095547 **End Date:** 08/30/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009453 Served 09/22/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0093005 End Date: 07/14/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009308 Served 07/31/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		

Survey ID: 0090799 End Date: 08/11/2003 Type: STANDARD Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 03/06/2006 SOD #10009514 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.19(1)(d)
FORFEITURE---83.20(2)(b)1

Date: 09/19/2005 SOD #10009453 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 07/28/2004 SOD #10009308 Appealed: Yes Decision: WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

PROVIDE TRAINING
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 07/11/2005

Date Investigation Completed: 02/01/2006

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

10009514

Date Complaint Received: 11/10/2003

Date Investigation Completed: 07/14/2004

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

10009308

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.